

SUPPORT THE RESILIENCY OF OUR NATION’S GREAT
VETERANS ACT OF 2022

JUNE 22, 2022.—Committed to the Committee of the Whole House on the State of
the Union and ordered to be printed

Mr. TAKANO, from the Committee on Veterans’ Affairs,
submitted the following

R E P O R T

[To accompany H.R. 6411]

The Committee on Veterans’ Affairs, to whom was referred the bill (H.R. 6411) to amend title 38, United States Code, to make certain improvements in the mental health care provided by the Department of Veterans Affairs, and for other purposes, having considered the same, reports favorably thereon without amendment and recommends that the bill do pass.

STRONG VETERANS ACT

The Committee on Veterans’ Affairs, to which was referred the bill (H.R. 6411) to improve mental health care services for veterans, and for other purposes, having considered the same, report favorably thereon and recommend that the bill do pass.

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PURPOSE AND SUMMARY

H.R. 6411, the “Supporting the Resiliency of Our Nation’s Great Veterans Act” or “STRONG Veterans Act,” was introduced by Representative Mark Takano, Chairman of the House Committee on Veterans’ Affairs, on January 18, 2022. H.R. 6411 would improve mental health care and suicide prevention for veterans through increased provider training, expanded outreach and service delivery, improvements to the Veterans Crisis Line, and additional research.

H.R. 6411 incorporates, in whole or in part, text of the following eleven bills: H.R. 912 introduced by Representative Brownley of California on February 8, 2021; S. 3293 introduced by Senator Tester of Montana on December 1, 2021; H.R. 5073 introduced by Representative Delgado of New York on August 23, 2021; H.R. 2819 introduced by Representative Slotkin of Michigan on April 22, 2021; S. 544 introduced by Senator Ernst of Iowa on March 2, 2021; H.R. 5529 introduced by Representative Miller-Meeke of Iowa on October 8, 2021; H.R. 5317 introduced by Representative Takano of California on September 21, 2021; H.R. 4575 introduced by Representative Peters of California on July 20, 2021; H.R. 4233 introduced by Representative Murphy of North Carolina on June 29, 2021; H.R. 5029 introduced by Representative Rouzer of North Carolina on August 13, 2021; and H.R. 5516 introduced by Representative Ellzey of Texas on October 8, 2021.

BACKGROUND AND NEED FOR LEGISLATION

The rate of veteran suicide decreased in 2019, the most recent year for which there are data, but suicide is preventable and one death is too many. Veteran suicide prevention remains the number one clinical priority for both the Department of Veterans Affairs (VA) and this Committee. Within a public health model of prevention, the Committee’s goal is for VA and its partners to mitigate veterans’ suicide risks (ranging from mental health challenges to interpersonal stressors, financial problems, housing/food/employment insecurity, and access to lethal means) and strengthen protective factors (including access to high-quality, effective, timely mental health care). This legislation represents the Committee’s intent to support VA in moving forward with improved mental health workforce staffing and training, increased outreach to underserved veteran populations, enhanced delivery of high-quality care, expanded crisis response capacity, and renewed investment in research that will guide the next decade of assessment, prevention, and intervention.

Expanding VA’s workforce and ensuring it is well-trained in evidence-based approaches to veteran suicide prevention and mental health care provision is critical in meeting the demand from veterans, who seek these services from VA in ever-increasing numbers. While the hiring sections in this legislation are subject to availability of appropriations, it is the clear intent of Congress that VA meet the metrics and timelines set forth herein. To this end, the Committee has included authorizations for VA to expand the

number of Vet Center providers, mental health trainees, health professional scholars, and peer specialists.

This legislation also seeks to ensure that VA and its partners meet veterans “where they live,” both literally and figuratively, on issues related to health and wellbeing. This focus must include proactive efforts to identify and engage veterans who are not already served by VA in light of the increased risk for suicide in that veteran subpopulation. Sections of this bill focus on directing VA to more consistently and comprehensively seek out, partner with, and provide care to Native veterans and to open VA’s Governors’ Challenge Program to tribes. Other sections expand access to Vet Centers, close to where veterans live, study, and work. One section also mandates that VA significantly increase the staffing and work of its Veterans Justice Outreach program to better identify and meet the needs of veterans involved with the criminal justice system. In all of these sections, the Committee’s intent is to expeditiously expand VA’s existing outreach efforts, given the known relationships between these factors and death by suicide.

The Committee included a section codifying VA’s existing Solid Start program, given early data showing the program’s success in reducing suicide rates during the notoriously high-risk one-year period following separation from active duty. The Committee recommends that VA add texting capacity and recommendations to the Solid Start protocols to potentially reach more veterans by incorporating multiple outreach formats.

One title of this legislation focuses on assessing and further strengthening the Veterans Crisis Line (VCL), a critical component of VA’s suicide prevention program providing crisis care and follow-up to veterans at imminent risk of harm to self or others via phone/text/chat. With the nationwide rollout of a new, three-digit crisis hotline number in July of 2022, the Committee will continue rigorous oversight of VA’s planning and implementation to meet likely surges in demand for VCL services and the need for increased VCL responder and VA mental health provider capacity.

VA has been a leader in sponsoring research that has led to dramatic improvements in how we conceive of, prevent, and treat mental illness and suicidality in veterans and society at large. Findings from studies funded by VA’s Office of Research and Development and the National Center for PTSD have led to fundamental changes in how veterans’ suffering may be alleviated and eliminated. The Committee’s intent in calling for more research by VA and its partners is to push the boundaries of what we know and to discover new and improved approaches to preventing suicide and helping veterans thrive. The studies mandated in this bill call for methodologically rigorous investigations of the interactions between frequently co-occurring sleep problems, substance use, traumatic brain injuries, and mental health challenges; VA’s capacity to treat veterans with these co-occurring issues; and the promise of technology to vastly expand veterans’ access to effective treatments.

HEARINGS

Components of H.R. 6411 were considered in legislative hearings. H.R. 912 was previously introduced in the 116th Congress as H.R. 8068. On September 10, 2020, the Subcommittee on Health of the House Committee on Veterans’ Affairs conducted a legislative hear-

ing on various bills introduced during the 116th Congress. H.R. 8068 was among the bills considered during this hearing. The following witnesses testified: Ms. Lindsay Church, Executive Director, Minority Veterans of America; Ms. Maureen Elias, Associate Legislative Director, Paralyzed Veterans of America; Ms. Joy Ilem, National Legislative Director, Disabled American Veterans; Mr. Patrick Murray, Director, National Legislative Service, Veterans of Foreign Wars; Dr. Russell Lemle, Senior Policy Analyst, Veterans Healthcare Policy Institute; Lieutenant Colonel Jim Lorraine (Ret.), President & CEO, America's Warrior Partnership.

On July 14, 2021, the Subcommittee on Health of the House Committee on Veterans' Affairs conducted a legislative hearing on various bills introduced during the 117th Congress. One bill considered in this hearing, H.R. 4233, was incorporated into H.R. 6411. The following witnesses testified: The Honorable Mark Takano, U.S. House of Representatives, 41st District of California; The Honorable Chris Pappas, U.S. House of Representatives, 1st District of New Hampshire; The Honorable Conor Lamb, U.S. House of Representatives, 17th District of Pennsylvania; The Honorable Jason Crow, U.S. House of Representatives, 6th District of Colorado; The Honorable Lauren Underwood, U.S. House of Representatives, 14th District of Illinois; The Honorable Greg Murphy, U.S. House of Representatives, 3rd District of North Carolina; Mr. David Perry, Chief Officer, Workforce Management and Consulting, Veterans Health Administration, U.S. Department of Veterans Affairs; accompanied by Mr. Mike Fisher, MSW, Chief Officer, Readjustment Counseling Service, Veterans Health Administration, U.S. Department of Veterans Affairs; Mr. Marquis Barefield, Assistant National Legislative Director, Disabled American Veterans (DAV); Mr. Andy Blevins, Operations & Policy Director, Minority Veterans of America (MVA); Ms. Tammy Barlet, Deputy Director, National Legislative Service, Veterans of Foreign Wars (VFW).

On October 13, 2021, the Subcommittee on Health of the House Committee on Veterans' Affairs conducted a legislative hearing on various bills introduced during the 117th Congress. Of the considered bills, the following were incorporated into H.R. 6411: H.R. 2819, H.R. 4575, H.R. 5029, H.R. 5073, H.R. 5317, H.R. 5516, and H.R. 5529. The following witnesses testified: The Honorable Mark Takano, U.S. House of Representatives, 41st District of California; The Honorable Elissa Slotkin, U.S. House of Representatives, 8th District of Michigan; The Honorable Scott Peters, U.S. House of Representatives, 52nd District of California; The Honorable David Rouzer, U.S. House of Representatives, 7th District of North Carolina; The Honorable Antonio Delgado, U.S. House of Representatives, 19th District of New York; The Honorable Mikie Sherrill, U.S. House of Representatives, 11th District of New Jersey; The Honorable Josh Harder, U.S. House of Representatives, 10th District of California; The Honorable Lauren Underwood, U.S. House of Representatives, 14th District of Illinois; The Honorable Mariannette Miller-Meeks, U.S. House of Representatives, 2nd District of Iowa; The Honorable Jake Ellzey, U.S. House of Representatives, 6th District of Texas; Dr. David Carroll, Exec-

utive Director, Office of Mental Health & Suicide Prevention, Veterans Health Administration, U.S. Department of Veterans Affairs; accompanied by Dr. Robert Sherrier, Executive Director, National Teleradiology Program, Veterans Health Administration, U.S. Department of Veterans Affairs; Karen M. Ott, DNP, RN, Director for Policy, Legislation, and Professional Standards; Office of Nursing Services, Veterans Health Administration, U.S. Department of Veterans Affairs; Mr. Michael Fisher, Chief Readjustment Counseling Officer, Veterans Health Administration, U.S. Department of Veterans Affairs; Mr. Marquis Barefield, Assistant National Legislative Director, Disabled American Veterans; Ms. Tammy Barlet, Deputy Director, National Legislative Service, Veterans of Foreign Wars; Dr. Kaki York-Ward, President, Association of VA Psychology Leaders.

On June 23, 2021, the Senate Committee on Veterans' Affairs conducted a hearing on pending legislation. One bill considered in this hearing, S. 544, was incorporated into H.R. 6411. The following witnesses testified: Mark Upton, MD, Acting Assistant Under Secretary of Health for Community Care, Veterans Health Administration, Department of Veterans Affairs; accompanied by Gerard Cox, MD, Assistant Under Secretary for Health for Quality & Patient Safety; Clifford Smith, MD, Deputy Director, Office of Mental Health Operations; Theresa Gleason, PhD, Director, Clinical Science Research & Development Service; Joy Ilem, National Legislative Director, Disabled American Veterans; Kathryn Monet, Chief Executive Officer, National Coalition for Homeless Veterans; Mario A. Marquez, Director, Veterans Affairs and Rehabilitation Division, The American Legion.

SUBCOMMITTEE CONSIDERATION

Component bills of H.R. 6411 were considered before the full Committee

COMMITTEE CONSIDERATION

On February 2, 2022, the full Committee met in an open markup session, a quorum being present, to consider H.R. 6411.

No amendments were offered on H.R. 6411. By a voice vote, the Committee ordered that H.R. 6411, as introduced, be ordered favorably reported to the House of Representatives.

SECTION-BY-SECTION DESCRIPTION

Section 1: Short Title; References to Title 38, United States Code; Table of Contents.

This section includes a table of contents and specifies that this Act may be cited as the “Strengthening the Resiliency of Our Nation’s Great Veterans Act” or the “STRONG Veterans Act.”

TITLE I—TRAINING TO SUPPORT VETERANS’ MENTAL HEALTH

Sec. 101. Mental health and suicide prevention outreach to minority veterans and American Indian and Alaska Native veterans.— While Native Americans serve in the US military in disproportion-

ately high rates, Native American veterans die by suicide at disproportionately high rates, as well. This section directs VA to ensure that every VA medical center has at least one minority veteran coordinator, trained by VA in consultation with tribes and tribal programs in culturally appropriate mental health promotion and suicide prevention approaches. The minority veteran coordinators must work with facility suicide prevention coordinators to document and implement mental health outreach and services to tribes in their catchment areas.

Sec. 102. Expansion of Vet Center workforce.—This section increases Vet Center capacity by mandating the hiring of 50 additional full-time equivalent employees for Vet Centers.

Sec. 103. VA Mental Health Training Spots.—Within three years, this section directs VA to add an additional 250 paid trainee slots in covered mental health disciplines to the VA workforce. The term “covered mental health disciplines” refers to psychiatry, psychology, advanced practice nursing (with a focus on mental health or substance use disorder), social work, licensed professional mental health counseling, and marriage and family therapy.

Sec. 104. Scholarship Expansion.—This section directs VA to include not fewer than an additional (as compared to academic year 2021) 50 awards per academic year under the Department of Veterans Affairs Health Professional Scholarship Program under subchapter II of chapter 76 of title 38, United States Code, for applicants otherwise eligible for such program who are pursuing degrees or training in mental health disciplines, including advanced practice nursing (with a focus on mental health or substance use disorder), psychology, and social work.

TITLE II—VETERANS CRISIS LINE

- *Sec. 201 Veterans Crisis Line.*
 - Subtitle A—Veterans Crisis Line Training and Quality Management
 - Sec. 211. Staff training.
 - Sec. 212. Quality review and management.
 - Sec. 213. Guidance for high-Risk callers.
 - Sec. 214. Oversight of training of social service assistants and clarification of job responsibilities.
 - Subtitle B—Pilot Programs and Research on Veterans Crisis Line
 - Sec. 221. Pilot programs.
 - Sec. 222. Authorization of appropriations for research on effectiveness and opportunities for improvement of Veterans Crisis Line.
 - Subtitle C—Transition of Crisis Line Number
 - Sec. 231. Feedback on transition of crisis line number.

This section directs a series of actions to improve the Veterans Crisis Line training and quality management, evaluate its effectiveness, and ensure enough resources are available as the new 3-digit crisis line number goes into effect in July, 2022.

TITLE III—OUTREACH TO VETERANS

Sec. 301. Solid Start program of the Department of Veterans Affairs.—This section authorizes in statute VA’s existing Solid Start

program for proactively reaching out to veterans who have recently separated from military service.

Sec. 302. Designation of Buddy Check Week by Secretary of Veterans Affairs.—This directs the Secretary of VA to designate one week each year to organize outreach events and educate veterans on how to conduct peer wellness checks.

Sec. 303. Improvements to Veterans Justice Outreach Program.—This provision requires VA to improve its outreach to justice-involved veterans, Veterans Service Organizations, and stakeholders in the criminal justice community (including law enforcement, court officials, and jail administrators), to improve awareness of VA's Veterans Justice Outreach (VJO) program. It also requires VA to increase the number of VJO specialists serving justice-involved veterans in rural, remote, or underserved areas. In addition, VA is directed to carry out mandatory annual training for VJO specialists and establish performance goals, measures, and implementation timelines for the VJO program and its outreach specialists.

Sec. 304. Department of Veterans Affairs Governors Challenge Program.—VA's Governors' Challenge program is an existing, collaborative effort with the Substance Abuse and Mental Health Services Administration (SAMHSA) to help states develop veteran suicide prevention proposals. This bill gives VA two new authorities within its existing Governors' Challenge veteran suicide prevention program: 1) it directs VA to treat tribes equal to states for the purpose of inclusion in the program; and 2) it allows VA to provide not only technical assistance to states and tribes, but also grants for actual implementation of state and tribal veteran suicide prevention proposals.

TITLE IV—MENTAL HEALTH CARE DELIVERY

Sec. 401. Expansion of peer specialist support program of Department of Veterans Affairs.—Peer specialists at VA are veterans in recovery from their own challenges with mental illness and substance use, trained to help other veterans successfully engage in treatment. They have been both popular with veterans and effective. This bill gradually expands the number of VA peer specialists in all VA medical centers.

Sec. 402. Expansion of Vet Center services.—This section would make certain student veterans eligible for using Vet Centers even if they would not meet Vet Center eligibility criteria were they not currently students (for example, through lack of combat deployments). Transitions—from military to veteran status, and from non-student to student—are times of increased stress and suicide risk, and it is crucial to support increased access to the mental health and other services and benefits during this time.

Sec. 403. Eligibility for mental health services.—This section allows Vet Centers to provide readjustment counseling and related mental health services to family members of servicemembers or veterans who died by suicide. The definition of "family member" includes individuals who are the parent, spouse, child, step-family member, or extended family member of a veteran or servicemember; and someone who lives with the veteran or servicemember but is not a family member.

Sec. 404. Mental Health Consults.—This section amends the US Code such that not later than thirty days after the date on which

a veteran submits to the VA Secretary a claim for compensation under this chapter for service-connected disability relating to a mental health diagnosis, the Secretary shall offer the veteran a mental health consultation to assess the mental health needs of and care options for the veteran.

TITLE V—RESEARCH

Sec. 501. Veterans Integration to Academic Leadership (VITAL) Assessment Act.—This provision requires VA to submit to Congress within one year of enactment a report on the Veterans Integration to Academic Leadership (VITAL) program. Specifically, VA must assess the number of VA medical centers, institutions of higher learning, non-college degree programs, and student veterans supported by the program. In addition, the report must evaluate relevant trends since the program began, including the levels of staff and resources allocated to the program and the outcomes and effectiveness of the program. In addition, VA's report must examine barriers to expanding the program and how the Department plans to address these barriers. Finally, VA's report must assess whether the program should be expanded outside of VHA's Office of Mental Health and Suicide Prevention to support student veterans with needs unrelated to mental health or suicide.

Sec. 502. Improvement of sleep disorder care furnished by Department of Veterans Affairs.—This section directs the Secretary of VA to improve the assessment and treatment of veterans with sleep disorders, including by conducting in home sleep studies for veterans, following an analysis of the ability of VA to treat sleep disorders among veterans, including—(1) assessment and treatment options for such disorders; (2) barriers to care for such disorders, such as wait time, travel time, and lack of staffing; (3) the efficacy of the clinical practice guidelines of VA and the Department of Defense for such disorders; and (4) the availability of and efficacy of the use by VA of cognitive behavioral therapy for insomnia.

Sec. 503. Study on inpatient mental health and substance use care from Department of Veterans Affairs.—This section mandates that not later than one year after the date of the enactment of this Act, the Secretary of VA shall complete the conduct of a study on access of veterans to care under the residential rehabilitation treatment programs of the Department of Veterans Affairs to determine—(1) if there are sufficient geographic offerings of inpatient mental health care, especially for veterans in rural and remote communities; (2) if there are sufficient bed spaces at each location, based on demand and drive time from the homes of veterans; (3) if there are any workforce-related capacity limitations at each location, including if beds are unable to be used because there are not enough providers to care for additional patients; (4) if there are diagnosis-specific or sex-specific barriers to accessing care under such programs; and (5) the average wait time for a bed in such a program, broken out by—(A) Veterans Integrated Service Network; (B) rural or urban area; (C) sex; and (D) specialty (general program, substance use disorder program, military sexual trauma program, etc.).

Sec. 504. Study on treatment from Department of Veterans Affairs for co-occurring mental health and substance use disorders.—This section directs VA to conduct a study examining the availability of

treatment programs for veterans with co-occurring mental health and substance use disorders (including both inpatient and outpatient care); any geographic disparities in access to such programs, such as for rural and remote veterans; and the average wait times for care under such programs.

Sec. 505. Study on workload of suicide prevention teams of Department of Veterans Affairs.—This provision directs VA to conduct a study evaluating the workload of local suicide prevention teams of the Department of Veterans Affairs. The study shall identify the effects of the growth of the suicide prevention program of the Department on the workload of suicide prevention teams; incorporate key practices for staffing model design in determining suicide prevention staffing needs; and determine which facilities of the Department need increased suicide prevention coordinator staffing to meet the needs of veterans, with an emphasis placed on facilities with high patient volume and facilities located in States with high rates of veteran suicide.

Sec. 506. Expansion of suicide prevention and mental health research.—This section authorizes an additional \$10,000,000 to be used by VA's Center of Excellence for Suicide Prevention of the Department and the Rocky Mountain Mental Illness Research Education and Clinical Center for the purposes of conducting research on the factors impacting veteran suicide and best practices for early intervention and support.

Sec. 507. Study on mental health and suicide prevention support for military families.—This section directs the Secretary of VA, in collaboration with the Secretary of Defense, to conduct a study on secondary post-traumatic stress disorder and depression and its impact on spouses, children, and caregivers of members of the Armed Forces.

Sec. 508. Research on brain health.—This section authorizes an additional \$5,000,000 for ongoing and future research at VA's Translational Research Center for traumatic brain injury and stress disorders to provide better understanding of and improved treatment options for post 9/11 veterans with traumatic brain injury or post-traumatic stress disorder.

Sec. 509. Study on efficacy of clinical and at-home resources for post-traumatic stress disorder.—This section mandates that not later than two years after the date of the enactment of this Act, the Secretary of VA, through VA's Office of Research and Development, shall conduct a study on the efficacy of clinical and at-home resources, such as mobile applications like COVID Coach, for providers, veterans, caregivers, and family members to use for dealing with stressors; the feasibility and advisability of developing more such resources; strategies for improving mental health care and outcomes for veterans with post-traumatic stress disorder; and best practices for helping family members of veterans deal with secondary post-traumatic stress disorder or mental health concerns.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

A formal cost estimate was not provided in time for the filing of this report. The Congressional Budget Office informed the Committee that this legislation will have no direct budgetary effects.

COMMITTEE OVERSIGHT FINDINGS

In compliance with clause 3(c)(1) of rule XIII and clause (2)(b)(1) of rule X of the Rules of the House of Representatives, the Committee's oversight findings and recommendations are reflected in the descriptive portions of this report.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to Article I, section 8 of the United States Constitution, H.R. 6411 is authorized by Congress' power to "provide for the common Defense and general Welfare of the United States."

EARMARK STATEMENT

H.R. 6411 does not contain any Congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 6411, prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

An advisory committee within the meaning of section 5(b) of the Federal Advisory Committee Act would not be created by H.R. 6411.

PERFORMANCE GOALS

In accordance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the Committee's performance goals and objectives are to increase access to quality and timely health care and benefits to veterans.

SUPPLEMENTAL, ADDITIONAL, DISSENTING, AND MINORITY VIEWS APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that H.R. 6411 does not relate to the terms and condition of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

STATEMENT ON DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII of the Rules of the House of Representatives, the Committee finds that no provision of H.R. 6411 establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111-139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

RAMSEYER SUBMISSION

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

TITLE 38, UNITED STATES CODE

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PART II—GENERAL BENEFITS

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CHAPTER 11—COMPENSATION FOR SERVICE-CONNECTED DISABILITY OR DEATH

SUBCHAPTER I—GENERAL

Sec.

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SUBCHAPTER VI—GENERAL COMPENSATION PROVISIONS

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1167. *Mental health consultations.*

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SUBCHAPTER VI—GENERAL COMPENSATION PROVISIONS

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§ 1167. *Mental health consultations*

(a) *IN GENERAL.*—Not later than 30 days after the date on which a veteran submits to the Secretary a claim for compensation under this chapter for a service-connected disability relating to a mental health diagnosis, the Secretary shall offer the veteran a mental health consultation to assess the mental health needs of, and care options for, the veteran.

(b) *AVAILABILITY.*—The Secretary shall—

(1) offer a veteran a consultation under subsection (a) without regard to any previous denial or approval of a claim of that veteran for a service-connected disability relating to a mental health diagnosis; and

(2) ensure that a veteran offered a mental health consultation under subsection (a) may elect to receive such consultation during the one-year period beginning on the date on which the consultation is offered or during such longer period beginning on such date as the Secretary considers appropriate.

(c) *RULE OF CONSTRUCTION.*—A consultation provided to a veteran under this section shall not be construed as a determination

that any disability of such veteran is service-connected for the purposes of any benefit under the laws administered by the Secretary.

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CHAPTER 17—HOSPITAL, NURSING HOME, DOMICILIARY, AND MEDICAL CARE

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SUBCHAPTER II—HOSPITAL, NURSING HOME, OR DOMICILIARY CARE AND MEDICAL TREATMENT

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§ 1712A. Eligibility for readjustment counseling and related mental health services

(a)(1)(A) Upon the request of any individual referred to in subparagraph (C), the Secretary shall furnish counseling, including by furnishing counseling through a Vet Center, to the individual—

(i) in the case of an individual referred to in **【**clauses (i) through (vi)**】** *clauses (i) through (vii)* of subparagraph (C), to assist the individual in readjusting to civilian life; and

(ii) in the case of an individual referred to **【**in clause (vii)**】** *in clause (viii)* of such subparagraph who is a family member of a veteran or member described in such clause—

(I) in the case of a member who is deployed in a theater of combat operations or an area at a time during which hostilities are occurring in that area, during such deployment to assist such individual in coping with such deployment; **【**and**】**

(II) in the case of a veteran or member who is readjusting to civilian life, to the degree that counseling furnished to such individual is found to aid in the readjustment of such veteran or member to civilian life**【**.**】**; and

(III) in the case of a veteran or member who died by suicide, to the degree that counseling furnished to such individual is found to aid in coping with the effects of such suicide.

(B)(i) Counseling furnished to an individual under subparagraph (A) may include a comprehensive individual assessment of the individual's psychological, social, and other characteristics to ascertain whether—

(I) in the case of an individual referred to in **【**clauses (i) through (vi)**】** *clauses (i) through (vii)* of subparagraph (C), such individual has difficulties associated with readjusting to civilian life; and

(II) in the case of an individual referred to **【**in clause (vii)**】** *in clause (viii)* of such subparagraph, such individual has difficulties associated with—

(aa) coping with the deployment of a member described in subclause (I) of such clause; **【**or**】**

(bb) readjustment to civilian life of a veteran or member described in subclause (II) of such clause**【**.**】**; or

(cc) coping with the effects of a suicide described in subclause (III) of such clause.

(ii)(I) Except as provided in subclauses (IV) and (V), counseling furnished to an individual under subparagraph (A) may include reintegration and readjustment services described in subclause (II) furnished in group retreat settings.

(II) Reintegration and readjustment services described in this subclause are the following:

(aa) Information on reintegration of the individual into family, employment, and community.

(bb) Financial counseling.

(cc) Occupational counseling.

(dd) Information and counseling on stress reduction.

(ee) Information and counseling on conflict resolution.

(ff) Such other information and counseling as the Secretary considers appropriate to assist the individual in reintegration into family, employment, and community.

(III) In furnishing reintegration and readjustment services under subclause (I), the Secretary shall offer women the opportunity to receive such services in group retreat settings in which the only participants are women.

(IV) An individual described in subparagraph (C)(v) may receive reintegration and readjustment services under subclause (I) of this clause only if the individual receives such services with a family member described in subclause (I) or (II) of such subparagraph.

(V) In each of fiscal years 2021 through 2025, the maximum number of individuals to whom integration and readjustment services may be furnished in group retreat settings under this subclause (I) shall not exceed 1,200 individuals.

(C) Subparagraph (A) applies to the following individuals:

(i) Any individual who is a veteran or member of the Armed Forces, including a member of a reserve component of the Armed Forces, who served on active duty in a theater of combat operations or an area at a time during which hostilities occurred in that area.

(ii) Any individual who is a veteran or member of the Armed Forces, including a member of a reserve component of the Armed Forces, who provided direct emergency medical or mental health care, or mortuary services to the casualties of combat operations or hostilities, but who at the time was located outside the theater of combat operations or area of hostilities.

(iii) Any individual who is a veteran or member of the Armed Forces, including a member of a reserve component of the Armed Forces, who engaged in combat with an enemy of the United States or against an opposing military force in a theater of combat operations or an area at a time during which hostilities occurred in that area by remotely controlling an unmanned aerial vehicle, notwithstanding whether the physical location of such veteran or member during such combat was within such theater of combat operations or area.

(iv) Any individual who is a veteran or member of the Armed Forces, including a member of a reserve component of the Armed Forces, who served—

(I) on active service in response to a national emergency or major disaster declared by the President; or

(II) in the National Guard of a State under orders of the chief executive of that State in response to a disaster or civil disorder in such State.

(v) Any individual who participated in a drug interdiction operation as a member of the Coast Guard, regardless of the location of that operation.

(vi) Any individual who received counseling under this section before the date of the enactment of the National Defense Authorization Act for Fiscal Year 2013.

(vii) *Any veteran or member of the Armed Forces pursuing a course of education using covered educational assistance benefits.*

[(vii)] (viii) Any individual who is a family member of any—

(I) member of the Armed Forces, including a member of a reserve component of the Armed Forces, who is serving on active duty in a theater of combat operations or in an area at a time during which hostilities are occurring in that area; [or]

(II) veteran or member of the Armed Forces described in this subparagraph[.]; or

(III) *veteran or member of the Armed Forces who died by suicide.*

(2)(A) Upon request of an individual described in paragraph (1)(C), the Secretary shall provide the individual a comprehensive individual assessment as described in paragraph (1)(B)(i) as soon as practicable after receiving the request, but not later than 30 days after receiving the request.

(B) Upon the request of an individual described in paragraph (1)(C), the Secretary shall furnish the individual reintegration and readjustment services in group retreat settings under paragraph (1)(B)(ii) if the Secretary determines the experience will be therapeutically appropriate.

(b)(1) If, on the basis of the assessment furnished under subsection (a) of this section, a licensed or certified mental health care provider employed by the Department (or, in areas where no such licensed or certified mental health care provider is available, a licensed or certified mental health care provider carrying out such function under a contract or fee arrangement with the Secretary) determines that the provision of mental health services to such veteran is necessary to facilitate the successful readjustment of the veteran to civilian life, such veteran shall, within the limits of Department facilities, be furnished such services on an outpatient basis. For the purposes of furnishing such mental health services, the counseling furnished under subsection (a) of this section shall be considered to have been furnished by the Department as a part of hospital care. Any hospital care and other medical services considered necessary on the basis of the assessment furnished under subsection (a) of this section shall be furnished only in accordance with the eligibility criteria otherwise set forth in this chapter (including the eligibility criteria set forth in section 1784 of this title).

(2) Mental health services furnished under paragraph (1) of this subsection may, if determined to be essential to the effective treatment and readjustment of the veteran, include such consultation, counseling, training, services, and expenses as are described in sections 1782 and 1783 of this title.

(c) Upon receipt of a request for counseling under this section from any individual who has been discharged or released from active military, naval, air, or space service but who is not otherwise eligible for such counseling, the Secretary shall—

(1) provide referral services to assist such individual, to the maximum extent practicable, in obtaining mental health care and services from sources outside the Department; and

(2) if pertinent, advise such individual of such individual's rights to apply to the appropriate military, naval, air, or space service, and to the Department, for review of such individual's discharge or release from such service.

(d) The Under Secretary for Health may provide for such training of professional, paraprofessional, and lay personnel as is necessary to carry out this section effectively, and, in carrying out this section, may utilize the services of paraprofessionals, individuals who are volunteers working without compensation, and individuals who are veteran-students (as described in section 3485 of this title) in initial intake and screening activities.

(e)(1) In furnishing counseling and related mental health services under subsections (a) and (b) of this section, the Secretary shall have available the same authority to enter into contracts or agreements with private facilities that is available to the Secretary in furnishing medical services to veterans suffering from total service-connected disabilities.

(2) Before furnishing counseling or related mental health services described in subsections (a) and (b) of this section through a contract facility, as authorized by this subsection, the Secretary shall approve (in accordance with criteria which the Secretary shall prescribe by regulation) the quality and effectiveness of the program operated by such facility for the purpose for which the counseling or services are to be furnished.

(3) The authority of the Secretary to enter into contracts under this subsection shall be effective for any fiscal year only to such extent or in such amounts as are provided in appropriation Acts.

(f) The Secretary, in cooperation with the Secretary of Defense, shall take such action as the Secretary considers appropriate to notify veterans who may be eligible for assistance under this section of such potential eligibility.

(g) In carrying out this section and in furtherance of the Secretary's responsibility to carry out outreach activities under chapter 63 of this title, the Secretary may provide for and facilitate the participation of personnel employed by the Secretary to provide services under this section in recreational programs that are—

(1) designed to encourage the readjustment of veterans described in subsection (a)(1)(C); and

(2) operated by any organization named in or approved under section 5902 of this title.

(h) For the purposes of this section:

(1) The term "Vet Center" means a facility which is operated by the Department for the provision of services under this section and which is situated apart from Department general health care facilities.

(2) The term "Department general health-care facility" means a health-care facility which is operated by the Department for the furnishing of health-care services under this chap-

ter, not limited to services provided through the program established under this section.

(3) The term “family member”, with respect to a veteran or member of the Armed Forces, means an individual who—

(A) is a member of the family of the veteran or member, including—

- (i) a parent;
- (ii) a spouse;
- (iii) a child;
- (iv) a step-family member; and
- (v) an extended family member; or

(B) lives with the veteran or member but is not a member of the family of the veteran or member.

(4) The term “active service” has the meaning given that term in section 101 of title 10.

(5) The term “civil disorder” has the meaning given that term in section 232 of title 18.

(6) *The term “covered educational assistance benefits” means educational assistance benefits provided pursuant to—*

(A) chapter 30, 31, 32, or 33 of this title;

(B) chapter 1606 or 1607 of title 10;

(C) section 116 of the Harry W. Colmery Veterans Educational Assistance Act of 2017 (Public Law 115–48; 38 U.S.C. 3001 note); or

(D) section 8006 of the American Rescue Plan Act of 2021 (Public Law 117–2; 38 U.S.C. 3001 note prec.).

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CHAPTER 20—BENEFITS FOR HOMELESS VETERANS

SUBCHAPTER I—PURPOSE; DEFINITIONS; ADMINISTRATIVE MATTERS

Sec.

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SUBCHAPTER VII—OTHER PROVISIONS

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2068. *Mental health consultations.*

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SUBCHAPTER VII—OTHER PROVISIONS

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§ 2068. Mental health consultations

(a) *IN GENERAL.*—Not later than two weeks after the date on which a veteran described in subsection (b) enters into a program administered by the Homeless Programs Office of the Department, the Secretary shall offer the veteran a mental health consultation to assess the health needs of, and care options for, the veteran.

(b) *VETERAN DESCRIBED.*—A veteran described in this subsection is a veteran to whom a mental health consultation is not offered or provided through the case management services of the program of the Homeless Programs Office into which the veteran enters.

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PART IV—GENERAL ADMINISTRATIVE PROVISIONS

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CHAPTER 63—OUTREACH ACTIVITIES

Sec.

SUBCHAPTER I—OUTREACH SERVICES PROGRAM

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SUBCHAPTER II—OTHER OUTREACH PROGRAMS AND ACTIVITIES

6320. *Solid Start program.*

Subchapter I—Outreach Services Program

§ 6301. Purpose; definitions

(a) PURPOSE.—The Congress declares that—

(1) the outreach services program authorized by **[this chapter]** *this subchapter* is for the purpose of ensuring that all veterans (especially those who have been recently discharged or released from active military, naval, air, or space service, or from a reserve component, and those who are eligible for readjustment or other benefits and services under laws administered by the Department) are provided timely and appropriate assistance to aid and encourage them in applying for and obtaining such benefits and services in order that they may achieve a rapid social and economic readjustment to civilian life and obtain a higher standard of living for themselves and their dependents; and

(2) the outreach services program authorized by **[this chapter]** *this subchapter* is for the purpose of charging the Department with the affirmative duty of seeking out eligible veterans and eligible dependents and providing them with such services.

(b) DEFINITIONS.—For the purposes of **[this chapter]** *this subchapter*—

(1) the term “outreach” means the act or process of reaching out in a systematic manner to proactively provide information, services, and benefits counseling to veterans, and to the spouses, children, and parents of veterans who may be eligible to receive benefits under the laws administered by the Secretary, to ensure that such individuals are fully informed about, and receive assistance in applying for, such benefits;

(2) the term “other governmental programs” includes all programs under State or local laws as well as all programs under Federal law other than those authorized by this title; and

(3) the term “eligible dependent” means a spouse, surviving spouse, child, or dependent parent of a person who served in the active military, naval, air, or space service.

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§ 6303. Outreach services

(a) REQUIREMENT TO PROVIDE SERVICES.—In carrying out the purposes of **[this chapter]** *this subchapter*, the Secretary shall pro-

vide the outreach services specified in subsections (b) through (d). In areas where a significant number of eligible veterans and eligible dependents speak a language other than English as their principal language, such services shall, to the maximum feasible extent, be provided in the principal language of such persons.

(b) **INDIVIDUAL NOTICE TO NEW VETERANS.**—The Secretary shall by letter advise each veteran at the time of the veteran's discharge or release from active military, naval, air, or space service (or as soon as possible after such discharge or release) of all benefits and services under laws administered by the Department for which the veteran may be eligible. In carrying out this subsection, the Secretary shall ensure, through the use of veteran-student services under section 3485 of this title, that contact, in person or by telephone, is made with those veterans who, on the basis of their military service records, do not have a high school education or equivalent at the time of discharge or release.

(c) **DISTRIBUTION OF INFORMATION.**—(1) The Secretary—

(A) shall distribute full information to eligible veterans and eligible dependents regarding all benefits and services to which they may be entitled under laws administered by the Secretary; and

(B) may, to the extent feasible, distribute information on other governmental programs (including manpower and training programs) which the Secretary determines would be beneficial to veterans.

(2) Whenever a veteran or dependent first applies for any benefit under laws administered by the Secretary (including a request for burial or related benefits or an application for life insurance proceeds), the Secretary shall provide to the veteran or dependent information concerning benefits and health care services under programs administered by the Secretary. Such information shall be provided not later than three months after the date of such application.

(d) **PROVISION OF AID AND ASSISTANCE.**—The Secretary shall provide, to the maximum extent possible, aid and assistance (including personal interviews) to members of the Armed Forces, veterans, and eligible dependents with respect to subsections (b) and (c) and in the preparation and presentation of claims under laws administered by the Department.

(e) **ASSIGNMENT OF EMPLOYEES.**—In carrying out this section, the Secretary shall assign such employees as the Secretary considers appropriate to conduct outreach programs and provide outreach services for homeless veterans. Such outreach services may include site visits through which homeless veterans can be identified and provided assistance in obtaining benefits and services that may be available to them.

§ 6304. Veterans assistance offices

(a) **IN GENERAL.**—The Secretary shall establish and maintain veterans assistance offices at such places throughout the United States and its territories and possessions, and in the Commonwealth of Puerto Rico, as the Secretary determines to be necessary to carry out the purposes of **[this chapter]** *this subchapter*. The Secretary may maintain such offices on such military installations located elsewhere as the Secretary, after consultation with the Sec-

retary of Defense and taking into account recommendations, if any, of the Secretary of Labor, determines to be necessary to carry out such purposes.

(b) LOCATION OF OFFICES.—In establishing and maintaining such offices, the Secretary shall give due regard to—

- (1) the geographical distribution of veterans recently discharged or released from active military, naval, air, or space service;
- (2) the special needs of educationally disadvantaged veterans (including their need for accessibility of outreach services); and
- (3) the necessity of providing appropriate outreach services in less populated areas.

§ 6305. Outstationing of counseling and outreach personnel

The Secretary may station employees of the Department at locations other than Department offices, including educational institutions, to provide—

- (1) counseling and other assistance regarding benefits under this title to veterans and other persons eligible for benefits under this title; and
- (2) outreach services under [this chapter] *this subchapter*.

§ 6306. Use of other agencies

(a) In carrying out [this chapter] *this subchapter*, the Secretary shall arrange with the Secretary of Labor for the State employment service to match the particular qualifications of an eligible veteran or eligible dependent with an appropriate job or job training opportunity, including, where possible, arrangements for outstationing the State employment personnel who provide such assistance at appropriate facilities of the Department.

(b) In carrying out [this chapter] *this subchapter*, the Secretary shall, in consultation with the Secretary of Labor, actively seek to promote the development and establishment of employment opportunities, training opportunities, and other opportunities for veterans, with particular emphasis on the needs of veterans with service-connected disabilities and other eligible veterans, taking into account applicable rates of unemployment and the employment emphases set forth in chapter 42 of this title.

(c) In carrying out [this chapter] *this subchapter*, the Secretary shall cooperate with and use the services of any Federal department or agency or any State or local governmental agency or recognized national or other organization.

(d) In carrying out [this chapter] *this subchapter*, the Secretary shall, where appropriate, make referrals to any Federal department or agency or State or local governmental unit or recognized national or other organization.

(e) In carrying out [this chapter] *this subchapter*, the Secretary may furnish available space and office facilities for the use of authorized representatives of such governmental unit or other organization providing services.

(f) In carrying out [this chapter] *this subchapter*, the Secretary shall conduct and provide for studies, in consultation with appropriate Federal departments and agencies, to determine the most effective program design to carry out the purposes of [this chapter] *this subchapter*.

§ 6307. Outreach for eligible dependents

(a) NEEDS OF DEPENDENTS.—In carrying out [this chapter] *this subchapter*, the Secretary shall ensure that the needs of eligible dependents are fully addressed.

(b) INFORMATION AS TO AVAILABILITY OF OUTREACH SERVICES FOR DEPENDENTS.—The Secretary shall ensure that the availability of outreach services and assistance for eligible dependents under [this chapter] *this subchapter* is made known through a variety of means, including the Internet, announcements in veterans publications, and announcements to the media.

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**SUBCHAPTER II—OTHER OUTREACH PROGRAMS AND
ACTIVITIES**

§ 6320. Solid Start program

(a) *IN GENERAL.*—The Secretary shall carry out a program, to be known as the “Solid Start program”, under which the Secretary shall—

(1) *build the capacity of the Department to efficiently and effectively respond to the queries and needs of veterans who have recently separated from the Armed Forces; and*

(2) *systemically integrate and coordinate efforts to assist veterans, including efforts—*

(A) *to proactively reach out to newly separated veterans to inform them of their eligibility for programs of and benefits provided by the Department; and*

(B) *to connect veterans in crisis to resources that address their immediate needs.*

(b) *ACTIVITIES OF THE SOLID START PROGRAM.*—(1) *The Secretary, in coordination with the Secretary of Defense, shall carry out the Solid Start program of the Department by—*

(A) *collecting up-to-date contact information during transition classes or separation counseling for all members of the Armed Forces who are separating from the Armed Forces, while explaining the existence and purpose of the Solid Start program;*

(B) *calling each veteran, regardless of separation type or characterization of service, three times within the first year after separation of the veteran from the Armed Forces;*

(C) *providing information about the Solid Start program on the website of the Department and in materials of the Department, especially transition booklets and other resources;*

(D) *ensuring calls are truly tailored to the needs of each veteran’s unique situation by conducting quality assurance tests;*

(E) *prioritizing outreach to veterans who have accessed mental health resources prior to separation from the Armed Forces;*

(F) *providing women veterans with information that is tailored to their specific health care and benefit needs;*

(G) *as feasible, providing information on access to State and local resources, including Vet Centers and veterans service organizations; and*

(H) *gathering and analyzing data assessing the effectiveness of the Solid Start program.*

(2) *The Secretary, in coordination with the Secretary of Defense, may carry out the Solid Start program by—*

(A) *encouraging members of the Armed Forces who are transitioning to civilian life to authorize alternate points of contact who can be reached should the member be unavailable during the first year following the separation of the member from the Armed Forces;*

(B) *following up missed phone calls with tailored mailings to ensure the veteran still receives similar information; and*

(C) *striving to reach out to veterans who separated prior to the initiation of the Solid Start program to provide similar services to those veterans, as feasible.*

(3) *In this subsection:*

(A) *The term “Vet Center” has the meaning given that term in section 1712A(h) of this title.*

(B) *The term “veterans service organization” means an organization recognized by the Secretary for the representation of veterans under section 5902 of this title.*

(c) **OBLIGATIONS OF AMOUNTS.**—*Subject to the availability of appropriations, the Secretary may not, in a fiscal year, obligate an amount to carry out the Solid Start program that is less than the total amount obligated in the previous fiscal year to carry out the program, unless the Secretary determines that increased efficiencies of the program warrant the obligation of a lesser amount.*

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VA MISSION ACT OF 2018

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TITLE V—OTHER MATTERS

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SEC. 506. PROGRAM ON ESTABLISHMENT OF PEER SPECIALISTS IN PATIENT ALIGNED CARE TEAM SETTINGS WITHIN MEDICAL CENTERS OF DEPARTMENT OF VETERANS AFFAIRS.

(a) **PROGRAM REQUIRED.**—The Secretary of Veterans Affairs shall carry out a program to establish not fewer than two peer specialists in patient aligned care teams at medical centers of the Department of Veterans Affairs to promote the use and integration of services for mental health, substance use disorder, and behavioral health in a primary care setting. *Each such peer specialist shall be a full-time employee whose primary function is to serve as a peer specialist and shall be in addition to all other employees of such medical center.*

(b) **[TIMEFRAME] INITIAL TIMEFRAME** FOR ESTABLISHMENT OF PROGRAM.—The Secretary shall carry out the program at medical centers of the Department as follows:

(1) Not later than May 31, 2019, at not fewer than 15 medical centers of the Department.

(2) Not later than May 31, 2020, at not fewer than 30 medical centers of the Department.

(c) **[SELECTION] INITIAL SELECTION** OF LOCATIONS.—

(1) IN GENERAL.—**【The Secretary shall】** *In establishing the program at initial locations, the Secretary shall* select medical centers for the program as follows:

(A) Not fewer than five shall be medical centers of the Department that are designated by the Secretary as polytrauma centers.

(B) Not fewer than 10 shall be medical centers of the Department that are not designated by the Secretary as polytrauma centers.

(2) CONSIDERATIONS.—In selecting medical centers for the program under paragraph (1), the Secretary shall consider the feasibility and advisability of selecting medical centers in the following areas:

(A) Rural areas and other areas that are underserved by the Department.

(B) Areas that are not in close proximity to an active duty military installation.

(C) Areas representing different geographic locations, such as census tracts established by the Bureau of the Census.

(d) *TIMEFRAME FOR EXPANSION OF PROGRAM; SELECTION OF ADDITIONAL LOCATIONS.*—

(1) *TIMEFRAME FOR EXPANSION.*—*The Secretary shall make permanent and expand the program to additional medical centers of the Department as follows:*

(A) *As of the date of the enactment of the STRONG Veterans Act of 2021, the Secretary shall make such program permanent at each medical center participating in the program on the day before such date of enactment.*

(B) *During the seven-year period following such date of enactment, the Secretary shall expand the program to an additional 25 medical centers per year until the program is carried out at each medical center of the Department.*

(2) *SELECTION OF ADDITIONAL LOCATIONS.*—*In selecting medical centers for the expansion of the program under paragraph (1)(B), until such time as each medical center of the Department is participating in the program by establishing not fewer than two peer specialists at the medical center, the Secretary shall prioritize medical centers in the following areas:*

(A) *Rural areas and other areas that are underserved by the Department.*

(B) *Areas that are not in close proximity to an active duty military installation.*

(C) *Areas representing different geographic locations, such as census tracts established by the Bureau of the Census.*

【(d) GENDER-SPECIFIC SERVICES.—】 (e) *CONSIDERATIONS FOR HIRING PEER SPECIALISTS.*—In carrying out the program at each **【location selected under subsection (c)】** *medical center*, the Secretary shall ensure that—

(1) the needs of female veterans are specifically considered and addressed; **【and】**

【(2) female peer specialists are made available to female veterans who are treated at each location.】

(2) *female peer specialists are hired and made available to support female veterans who are treated at each medical center; and*

(3) *to the extent practical, peer specialists are hired in demographic percentages that reflect the racial and ethnic demographic percentages of the overall veterans population.*

[(e)] (f) **ENGAGEMENT WITH COMMUNITY PROVIDERS.**—At each location selected under subsection (c), the Secretary shall consider ways in which peer specialists can conduct outreach to health care providers in the community who are known to be serving veterans to engage with those providers and veterans served by those providers.

[(f)] **REPORTS.**—

[(1)] **PERIODIC REPORTS.**—

[(A)] **IN GENERAL.**—Not later than 180 days after the date of the enactment of this Act, and not less frequently than once every 180 days thereafter until the Secretary determines that the program is being carried out at the last location to be selected under subsection (c), the Secretary shall submit to Congress a report on the program.

[(B)] **ELEMENTS.**—Each report required by subparagraph (A) shall, with respect to the 180-day period preceding the submittal of the report, include the following:

[(i)] The findings and conclusions of the Secretary with respect to the program.

[(ii)] An assessment of the benefits of the program to veterans and family members of veterans.

[(iii)] An assessment of the effectiveness of peer specialists in engaging under subsection (e) with health care providers in the community and veterans served by those providers.

[(2)] **FINAL REPORT.**—Not later than 180 days after the Secretary determines that the program is being carried out at the last location to be selected under subsection (c), the Secretary shall submit to Congress a report detailing the recommendations of the Secretary as to the feasibility and advisability of expanding the program to additional locations.】

(g) **REPORTS.**—

(1) **PERIODIC REPORTS.**—

(A) **IN GENERAL.**—*Not later than one year after the date of the enactment of the STRONG Veterans Act of 2021, and annually thereafter for five years, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the program, including the expansion of the program under subsection (d)(1).*

(B) **ELEMENTS.**—*Each report under subparagraph (A) shall include, with respect to the one-year period preceding the submission of the report, the following:*

(i) *The findings and conclusions of the Secretary with respect to the program.*

(ii) *An assessment of the benefits of the program to veterans and family members of veterans.*

(iii) *An assessment of the effectiveness of peer specialists in engaging under subsection (f) with health care*

providers in the community and veterans served by such providers.

(iv) The name and location of each medical center where new peer specialists were hired.

(v) The number of new peer specialists hired at each medical center pursuant to this section and the total number of peer specialists within the Department hired pursuant to this section.

(vi) An assessment of any barriers confronting the recruitment, training, or retention of peer specialists.

(2) FINAL REPORT.—Not later than one year after the Secretary determines that the program is being carried out at each medical center of the Department, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report notifying such committees of such determination.

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